

CANCELLATION OF DIRECT DEBIT PAYMENT



Community Credit Union Limited

Member Name: _____

Member Number: _____

Please CANCEL the following Direct Debit Payment

Payment Amount: € _____

Amount in Words _____

Cancellation Date: _____

Frequency (W, F, M) _____

Member Signature. Date.

Internal Use Only

Amended on LOCUS By: _____

Date _____